STATE OF HAWAII

HAWAII LABOR RELATIONS BOARD

UNFAIR LABOR PRACTICE COMPLAINT

CASE NO. _____

INSTRUCTIONS. Submit the original and four copies of this Complaint to the Hawaii Labor Relations Board, 830 Punchbowl Street, Room 434, Honolulu, Hawaii 96813. If more space is required for any item, attach additional sheets, numbering each item accordingly.						
1.	The Petitioner alleges that the following circumstances exist and requests that the Hawaii Labor Relations Board proceed pursuant to the Hawaii Revised Statutes Sections 377-6, 377-7, 377-8 and 377-9, and its Administrative Rules, to determine whether there has been any violation of Hawaii Revised Statutes Chapter 377.					
2.	COMI	<u>PLAINANT</u>				
	a.	Name, address and telephone number.				
	b.	Name, address and telephone number of the principal representative, if any, to whom correspondence is to be directed.				
	C	Name and address of national or international affiliate if Complainant is a labor organization				

3.	RESPON	DENT

- a. Name, address and telephone number.
- b. Name, address and telephone number of the principal representative, if known, to whom correspondent is to be directed.

4. <u>ALLEGATIONS</u>

The Complainant alleges that the above-named respondent(s) has (have) engaged in or is (are) engaging in unfair labor practice or practices within the meaning of Hawaii Revised Statutes Sections 377-6, 377-7 or 377-8. (Specify in detail the particular alleged violation, including the subsection or subsections of the Hawaii Revised Statutes, Sections 377-6 and 377-7, alleged to have been violated, together with a complete statement of the facts supporting the complaint, including specific facts as to names, dates, times, and places involved in the acts alleged to be improper.)

3

Provide a clear and concise statement of any other relevant facts.

5.

STATE OF H	AWAII)		
CITY AND C	OUNTY OF) ss.				
	, be	eing first duly swo	orn on oath, de	eposes and says:	: that	is the
Petitioner abo	ve named, or repre	esentative, and th	at	has read the a	bove Petiti	on consisting
	additional page(s),					
	cept as to those matters alle	eged on informati	on and belief,	which matters _		_ believes to
be true.						
		_				
				(Signature))	
		_		(Title)		
				,		
	d sworn to before me					
this day	y of, 20_	·				
	, Circuit					
State of	Hawaii					
My Commissi	on expires:					
wry Commissi	ion expires.					
	Doc. Date:			# Pages:		
	Notary Name:			(Circuit	
	D D : .:					
	Doc. Description:					
			(S	tamp or Seal)		
	Notary Signature		Date			
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